

1.) CORPORATION NAME:

**CONSUMER CREDIT COUNSELING SERVICE OF
ROCHESTER, INC.**

DUE DATE: **1/31/2012**

SCC ID NO: **F1846890**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
PARACORP INCORPORATED
12610 LAKE NORMANDY LN
FAIRFAX, VA 22030**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
FAIRFAX CITY (FILED IN FAIRFAX COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:
NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 UNIVERSITY AVE
STE 900

CITY/ST/ZIP: ROCHESTER, NY 14607-1286

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DON ADAIR
TITLE: DIRECTOR
ADDRESS: 290 LINDEN OAKS
SUITE 220
CITY/ST/ZIP/CO: ROCHESTER, NY 14625-

☐ OFFICER ☒ DIRECTOR

NAME: AMELIA BLAKE-DOWDLE
TITLE: DIRECTOR
ADDRESS: 3300 DEWEY AVE
CITY/ST/ZIP/CO: ROCHESTER, NY 14616-

☐ OFFICER ☒ DIRECTOR

NAME: LOMAX CAMPBELL
TITLE: DIRECTOR
ADDRESS: 125 TECH PARK DRIVE
CITY/ST/ZIP/CO: ROCHESTER, NY 14623-

☐ OFFICER ☒ DIRECTOR

NAME: JACK CHRISTNER
TITLE: DIRECTOR
ADDRESS: 225 CHESTNUT STREET
CITY/ST/ZIP/CO: ROCHESTER, NY 14604-

☐ OFFICER ☒ DIRECTOR

NAME: MONICA GUARDINO
TITLE: DIRECTOR
ADDRESS: 50 PRINCE STREET
CITY/ST/ZIP/CO: ROCHESTER, NY 14607-

☐ OFFICER ☒ DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE LASALLE DIRECTOR 165 COURT STREET 5TH FLOOR ROCHESTER, NY 14647-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW VERGO DIRECTOR 246 PARKVIEW DRIVE ROCHESTER, NY 14625-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILLIP TYLER DIRECTOR 205 VAN VOORHIS ROAD ROCHESTER, NY 14534-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE YOUNG DIRECTOR 764 CROSS KEYS OFFICE PARK ROCHESTER, NY 14450-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE PHILLIPS PRESIDENT 1282 LONG POND RD ROCHESTER, NY 14626-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANKLYN REYNOLDS SECRETARY 89 EAST AVE ROCHESTER, NY 14604-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY ALLENBRANDT TREASURER 10 BENTON PL SODUS, NY 14551-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD SARESKY VICE PRESIDENT 108 S UNION ST ROCHESTER, NY 14607-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON TRACY CEO 1000 UNIVERSITY AVENUE SUITE 900 ROCHESTER, NY 14607-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JASON TRACY		JASON TRACY, CEO	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			